

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 1
 FOR SE OF FORM 24/48

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| NAME OF COMMITTEE (In Full) People for Pinellas | | FEC IDENTIFICATION NUMBER ▼ C C00582239 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> | | M | M | | | | | D | D | | | | | Y | Y | Y | Y | Y | Y | | | | | | |
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| Full Name of Payee James R. Foster & Associates, Inc. | | Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>10</td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>21</td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table;"> <tr><td>2016</td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> | | 10 | | | | | | 21 | | | | | | 2016 | | | | | | | | | | | |
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| Mailing Address 6832 Bonaparte Court | | Amount <table border="1" style="width:100%"> <tr><td>32925.47</td></tr> </table> | | 32925.47 | | | | | | | | | | | | | | | | | | | | | | | |
| 32925.47 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City Plano | State TX | Zip Code 75024 | Transaction ID : SE.4279 | | | | | | | | | | | | | | | | | | | | | | | | |
| Purpose of Expenditure direct mail services | | Category/ Type | Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> | M | M | | | | | D | D | | | | | Y | Y | Y | Y | Y | Y | | | | | | |
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| Name of Federal Candidate Crist, Charlie Joseph, , , | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House District: 13 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL | | | | | | | | | | | | | | | | | | | | | | | | |
| Calendar Year-To-Date Per Election for Office Sought | | <table border="1" style="width:100%"> <tr><td>0.00</td></tr> </table> | 0.00 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | | | | | | | | | | | | | | | | | | | | | | |
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| Full Name of Payee Patchwork Creative, LLC | | Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>10</td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>21</td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table;"> <tr><td>2016</td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> | | 10 | | | | | | 21 | | | | | | 2016 | | | | | | | | | | | |
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| Mailing Address 1320 N. Courthouse Road Suite 130 | | Amount <table border="1" style="width:100%"> <tr><td>7700.00</td></tr> </table> | | 7700.00 | | | | | | | | | | | | | | | | | | | | | | | |
| 7700.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City Arlington | State VA | Zip Code 22201 | Transaction ID : SE.4282 | | | | | | | | | | | | | | | | | | | | | | | | |
| Purpose of Expenditure media production | | Category/ Type | Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> | M | M | | | | | D | D | | | | | Y | Y | Y | Y | Y | Y | | | | | | |
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| 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | <table border="1" style="width:100%"> <tr><td>40625.47</td></tr> </table> | 40625.47 |
| 40625.47 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | <table border="1" style="width:100%"> <tr><td></td></tr> </table> | |
| | | |
| (c) TOTAL Independent Expenditures.....▶ | <table border="1" style="width:100%"> <tr><td>40625.47</td></tr> </table> | 40625.47 |
| 40625.47 | | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Watkins, Michael, L., ,

[Electronically Filed]

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Signature